

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00554774         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 29 / 2014</div> </div>	

Full Name of Payee <b>Natchez Democrat</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 29 / 2014</div>		
Mailing Address 503 N Canal Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1257.75</div>		
City Natchez	State MS	Zip Code 39120	<b>Transaction ID : SE.4947</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 29 / 2014</div>		
Purpose of Expenditure Newspaper Advertisement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7578.33</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>The Jackson Advocate</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 29 / 2014</div>		
Mailing Address PO Box 3708			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">600.00</div>		
City Jackson	State MS	Zip Code 39207	<b>Transaction ID : SE.4942</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 10 / 29 / 2014</div>		
Purpose of Expenditure Newspaper Advertisement		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate Thad Cochran			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: MS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6320.58</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1857.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. Brian Perry

[Electronically Filed]

Date

MM / DD / YYYY  
12 / 03 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Mississippi Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00554774	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	

Full Name of Payee <b>The Mississippi Link</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address PO Box 11307		Amount 600.00	
City Jackson	State MS	Zip Code 39283	Transaction ID : SE.4943
Purpose of Expenditure Newspaper Advertisement	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Thad Cochran		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 5720.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	2457.75

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Mr. Brian Perry

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2014

Signature